

Pan-Essex: Summary

Essex Joint Strategic Needs Assessment 2008



FOREWORD

We are proud to introduce this summary of the first pan-Essex Joint Strategic Needs Assessment (JSNA). The JSNA is the result of an excellent effort by both health and local authorities (county, district, borough and unitary). It has already played a significant role in enabling partners to determine some shared priorities for improving the lives of people who live and work in Essex.

We produced the JSNA in response to the Government's draft Commissioning Framework for Health and Well-Being. It is intended to help us move towards:

- more personal services that enable individuals to maintain their independence and dignity;
- promoting health and well-being, investing now to reduce future ill-health;
- working with partners to commission services that promote social inclusion and tackle health inequalities.

The JSNA is just the first step in helping us accomplish this. It brings together data which looks at the health and well-being of local communities; defines where inequalities exist; and incorporates local community views around priorities for service improvement. It therefore provides a robust evidence-base for us to think about how we need to work together to improve local services and the quality of life of those in Essex.

Essex is a very diverse county; the needs and interests of Saffron Walden differ in significant ways from those of Clacton, Brentwood or Canvey Island. In recognition of this, the JSNA consists of a local profile for each of the twelve district and borough councils and the two unitary authorities together with a full JSNA covering the whole of the county of Essex. Further information can be found on the back cover.

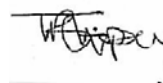
We would like to take this opportunity to thank all those involved in the JSNA project and to say how much we are looking forward to using it to make a real difference in Essex, Southend-on-Sea and Thurrock.



Cllr Pamela Challis, Essex LSP



Katherine Kirk, Southend LSP



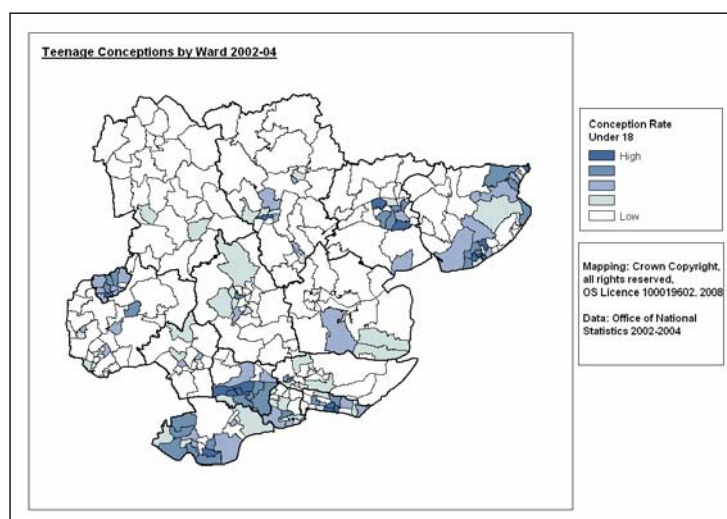
Cllr Terry Hipsey, Thurrock LSP

OUR PEOPLE

Help parents raise their children well

Particularly when it comes to children, we have to think about not only improving services, but also how children, young people, parents, families and communities can be supported and encouraged to enhance children's well-being. At the moment, the life chances of children in Essex are not as good as we would like them to be; there is often significant geographic variation and poorer outcomes among those who are vulnerable.

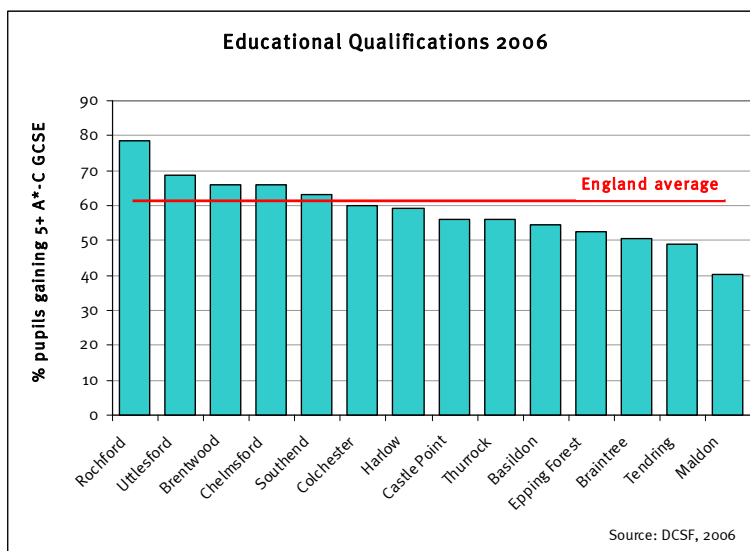
- At 70%, the breastfeeding rate in Essex is well below the national rate (77%), especially among women in lower-income group¹.
- At 80%, the MMR immunisation rate in Essex² is well below the 95% World Health Organisation recommendation. As a result, the incidence of measles in very young children is well above the national rate in a number of areas – nearly 2.5 times higher in Thurrock³.
- Across the county teenage conception rates are falling, but not quickly enough to meet the Government's target of a 50% reduction by 2010. In a number of areas, rates are well over twice the regional rate – in one area of Southend, it's over five times higher⁴.
- Over half of 15-year olds drink alcohol and nearly a fifth are regular smokers⁵.
- Over 19,000 children and young people in Essex have mental health problems⁶.
- At any one time in Essex around 1,700 children and young people are looked after by the local authority⁷ and about 700 are at risk of abuse or neglect⁸.



Increase educational achievement and skills

As a county our children perform just as well at school as they do across England. However, there is wide variation in terms of educational attainment and progression into learning and employment both geographically and between vulnerable groups and their peers.

- In 2006 80% of pupils in Rochford gained five or more high-grade GCSEs compared to only 40% in Maldon⁹.
- Only 12% of young people looked after by the County Council obtained five or more high grade GCSEs compared to 59% of all students¹⁰.



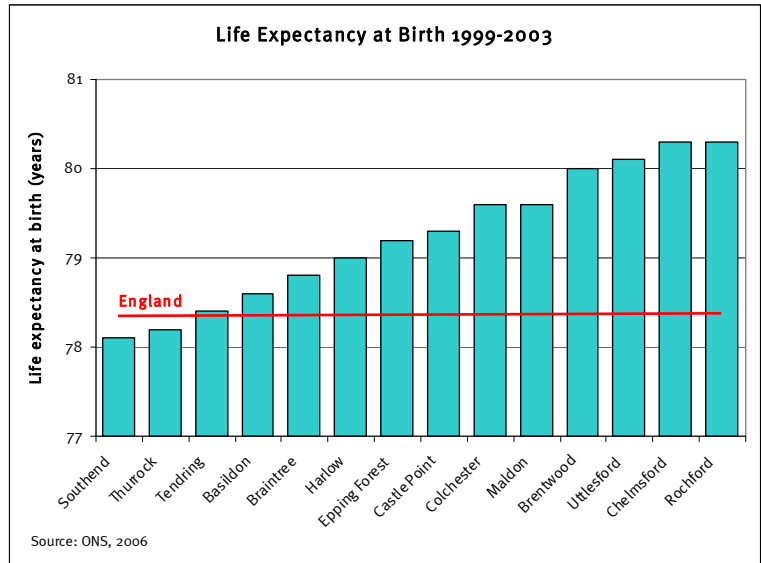
- 27% of disabled 19 year olds are not in employment, education or training, compared to 10% of their non-disabled peers¹¹.
- Only 3% of young people looked after by the County Council go on to higher education compared to 45% of all students¹².

Promote health and leisure

In general the health of the people in Essex is good. Compared to the national picture, life expectancy is longer and fewer residents consider themselves to have health problems or a disability which limit their daily activities or the work they can do. There are, however, dramatic health inequalities both between and within districts / boroughs.

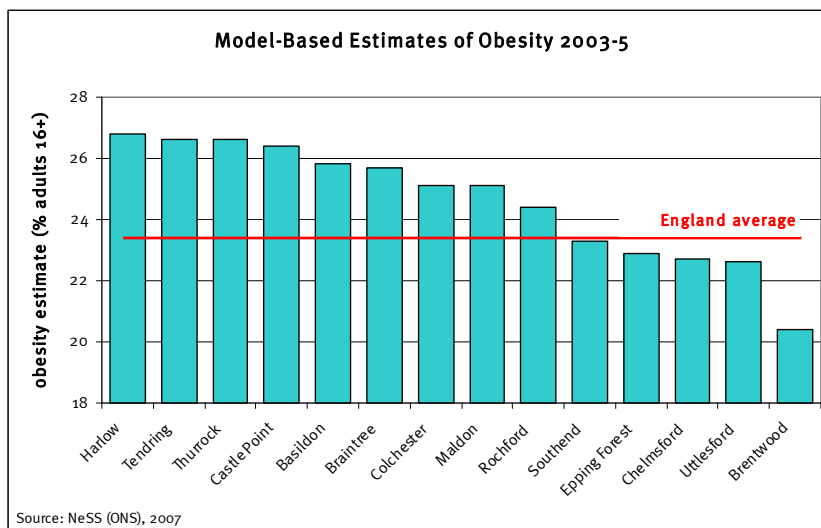
- 16.2% of Essex residents consider themselves to have a limiting long-term illness, compared to 17.9% nationally¹³.
- Life expectancy in Essex is 79.4 years compared to 78.3 years across England¹⁴.

- Across the county, there is a difference of 18.6 years between the area with the highest life expectancy (Littlebury ward in Uttlesford: 88.7 years) and that with the lowest (Pier ward in Tendring: 70.1 years)¹⁵.
- Across Southend alone, there is a five-fold difference among men and an eight-fold difference among women in mortality rates from circulatory diseases¹⁶.



We are becoming increasingly aware of how our own lifestyle choices impact on our health and quality of life. Although the choices we make in Essex about diet, exercise, smoking and drinking are not very different to that of the UK as a whole, the biggest preventable contributors to health inequalities and future service demand remain smoking, obesity and alcohol misuse.

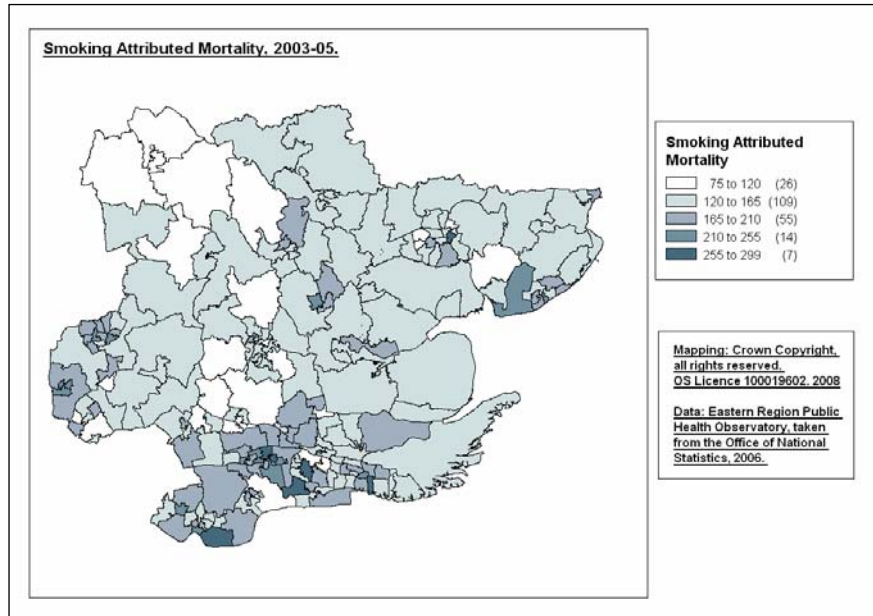
- The total economic cost of obesity nationally is around £3.5 billion per year¹⁷. And, if we fail to halt the rise in childhood obesity, we could see children having a shorter life expectancy than their parents.



- It is estimated that more than one in four of our children are overweight or obese¹⁸ and that around 70% of adults are overweight or obese¹⁹.
- Levels of physical activity vary across the county;

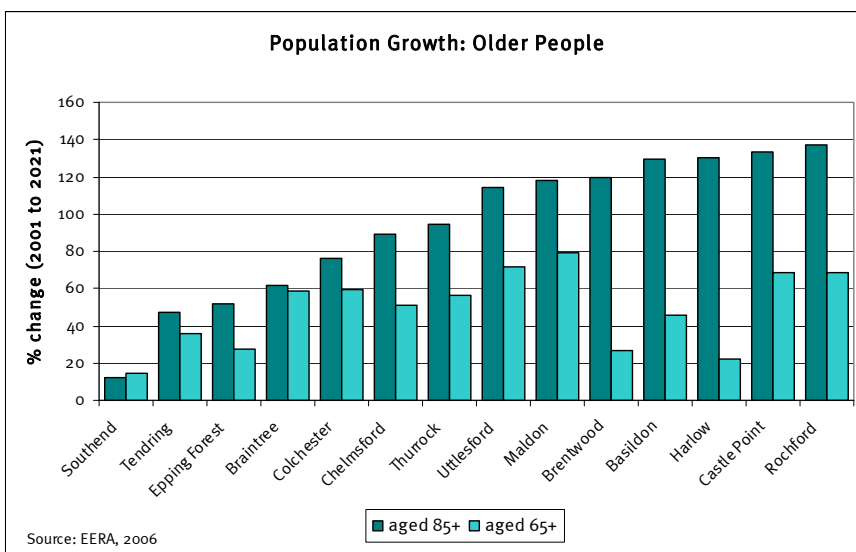
between 10.8% and 36.7% of adults undertake at least 30 minutes of moderate physical activity three times a week²⁰.

- Smoking is the UK's single greatest cause of preventable illness and early death²¹. Across Essex, 26% of adults smoke but deaths from smoking range from 75 to 299 per 100,000²².
- Alcohol misuse now costs around £20bn a year nationally through its health, crime and social impacts²³. In Chelmsford, Harlow, Colchester and Thurrock at least one in every six adults are estimated to be binge-drinkers²⁴.



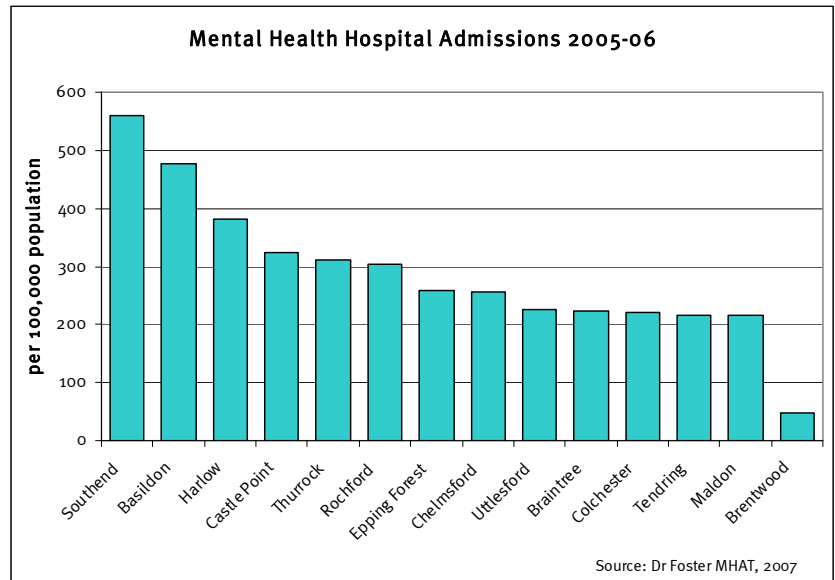
Support vulnerable people

The older population in Essex is growing faster than average for the UK and presents one of our most significant challenges. The likelihood of developing a chronic disease or long-term condition increases with age and, as our population ages, levels of disability will increase sharply. Patterns of disability are also being affected as more premature babies survive and more children with complex and multiple disabilities live on into adulthood. However, the changes are not expected to occur uniformly across Essex as there are already considerable differences.



- In the twenty years since the last Census, we can expect a 45% increase in the over-65s and a 75% increase in the over-85s²⁵.

- By 2025, we can expect in the region of 50% increases in numbers of older residents with long-term conditions. For example, the number experiencing mobility problems is predicted to increase from 46,100 to 68,400; and the number suffering from dementia is expected to increase from 22,300 to 33,500²⁶.
- Wide differences exist in the county's mental health. For example, there is almost a 12-fold variation across the county in the rate of hospital admissions for mental illness²⁷.
- Levels of learning disability are significantly higher in north east Essex where former residents of specialist hospitals have resettled locally²⁸.



The increasing levels of disability – together with shifts in national and local policy towards independence and choice – will require radically different models of service delivery. We will need to make better use of technology, develop a wider range of supported housing options and give people greater control over the support they receive.

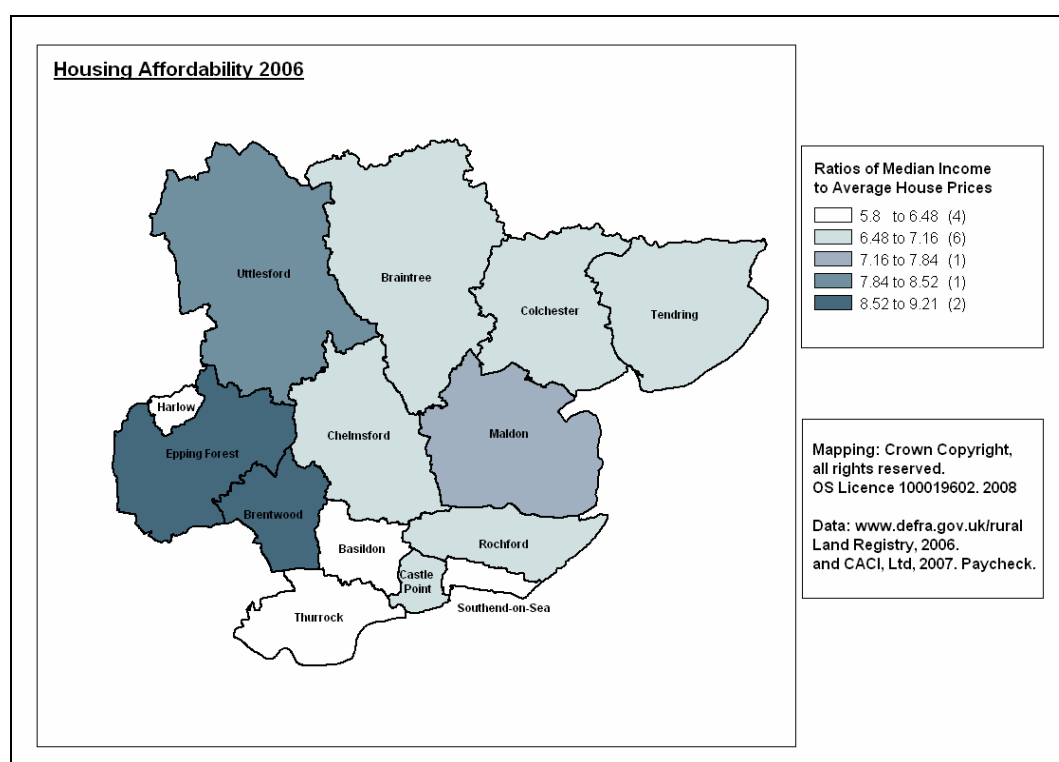
- For the majority of older people, staying in their own home and being cared for by members of their family is their preferred housing option²⁹. 74% are owner-occupiers³⁰ but many cannot afford to adapt their home or keep it in good repair³¹.
- Older people already make up more than 90% of users of housing-related support services. And around 80% of GP consultations involve people with long-term conditions³².
- Almost 10% of our residents provide informal care to relatives, friends or neighbours³³. Approximately one third receive no support from either social services or the voluntary sector and just over a third are not satisfied with the support they get³⁴.
- Comparatively speaking, fewer people of working age will be available to care for and support older people; in Maldon the ratio is forecast to drop from nearly 4:1 to just over 2:1 over the next 25 years³⁵.

OUR COMMUNITIES

Improve access to housing

With so much of the county within commuting distance of London, house prices are rising faster than wages and causing increased levels of homelessness³⁶. Nearly a third of our citizens live in rural areas³⁷ which tend to be characterised by higher property prices and lower earnings. Developing affordable housing for first-time buyers and low income families is a crucial issue for both urban and rural communities.

- Levels of homelessness are above the regional average in all but a handful of areas³⁸.
- House prices in Essex are, in many areas, higher than the national average and very high in relation to average earnings³⁹.



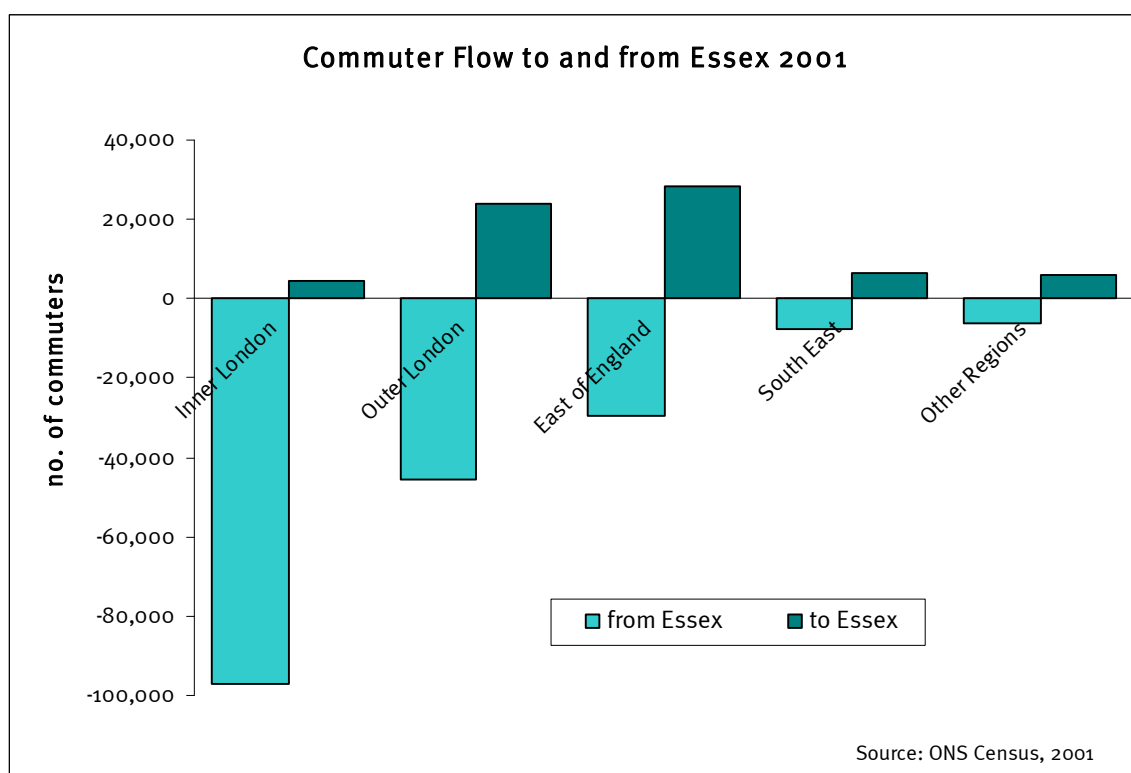
Improve access to local jobs and services

Economic and inward migration is increasing the diversity of our population especially in areas close to London and our larger towns. We need to ensure that public services are planned so they are accessible to all our communities and delivered in ways which can meet the needs of different groups.

- In contrast to the 2001 Census figure of 5.5%, 9.4% of our pupils are now from black and minority ethnic communities⁴⁰.

Although Essex residents are 1.6% more likely to be in employment⁴¹ and to earn £36 per week more than the average person in Great Britain⁴², this is partly as a result of our proximity to London.

- There are only 730 jobs per 1,000 working-age residents in Essex compared to 820 per 1,000 regionally⁴³.
- A quarter of Essex workers commute out of the county to work, with three-quarters of this group heading for London⁴⁴. Essex's urban and rural mix coupled with the distances between its larger towns means that almost a quarter of those who live and work in the county commute outside their own district⁴⁵.



Make communities safer

Generally, residents are satisfied with the area where they live. However, older people and those living in urban areas tend to feel less safe, especially after dark.

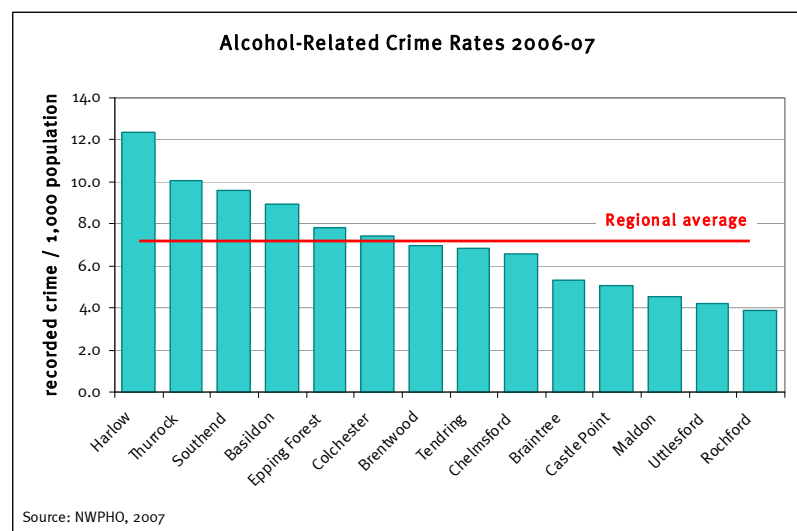
- Only 59% of residents in Thurrock are satisfied with their local area compared to an Essex County Council average of 81%⁴⁶.
- 46% of urban residents feel safe outside after dark compared to 58% of rural residents⁴⁷.
- Nearly half of all primary school pupils in Essex are afraid of going to school sometimes because of bullying⁴⁸.

Despite its relatively low crime rate, Essex residents give very high priority to the reduction of crime, fear of crime and anti-social behaviour.

- 46 crimes per 1,000 population are committed in Essex compared to 61 per 1,000 for England and Wales⁴⁹.
- Level of crime is given the top overall priority by residents with only Maldon giving higher priority to activities for teenagers⁵⁰.

There are strong links between excessive alcohol consumption and violent crime and evidence that alcohol-related crime and the number of alcohol-related deaths are on the increase⁵¹. Drug use can also cause significant social problems involving, for example, increases in burglary and theft, prostitution, unemployment, family breakdown and homelessness.

- There is a three-fold difference in the level of alcohol-related crime across the county⁵².
- Estimates of the prevalence of drug misuse indicate significantly higher rates in Southend, Harlow and Maldon⁵³.



Despite overall improvements in road safety, there are some worrying upward trends in the number of people killed or seriously injured as a result of risk-taking behaviour among young people.

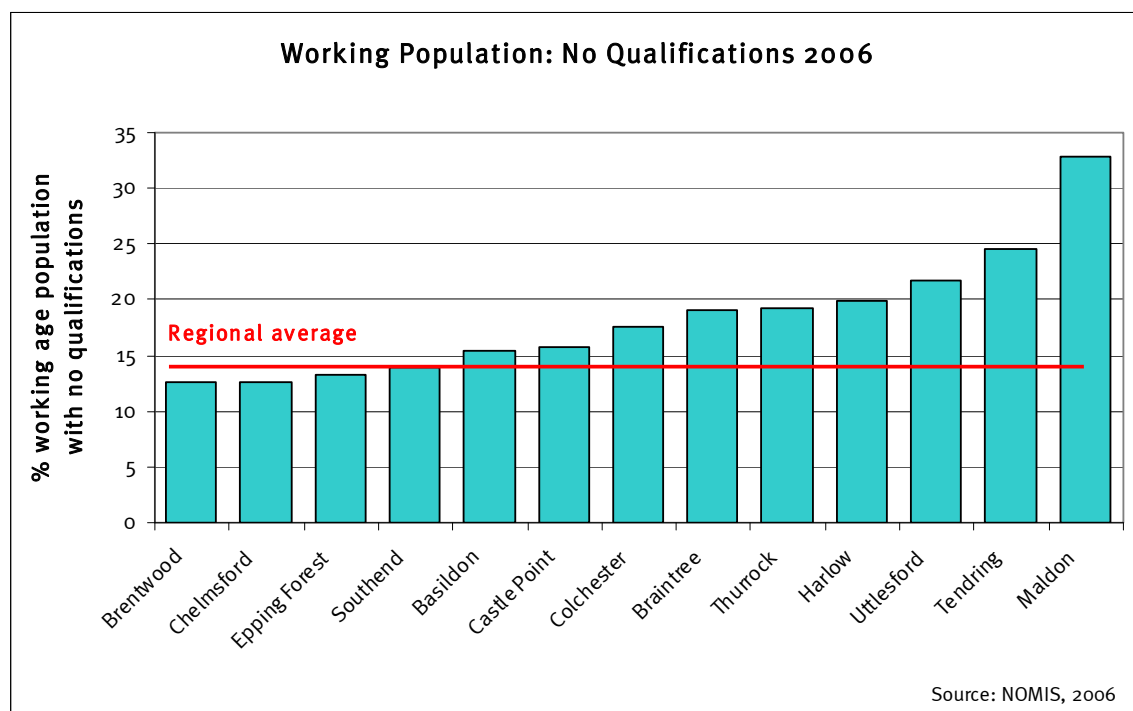
- Young drivers are the most likely to fail a breath test; 25% of young car driver crashes involve excessive speed; and motorcyclists account for 26% of all road casualties in Essex compared to 19% nationally⁵⁴.

OUR ECONOMY

Promote sustainable economic growth

Central government plans bring significant housing development to the county. As population growth and housing development accelerate, the need for inward investment and local job growth will intensify. Key to creating a more self-contained economy is increasing local skills. A relatively high proportion of the workforce has no qualifications and relatively few are well-qualified.

- Current plans are set to increase the number of homes by almost a fifth⁵⁵.
- The population of Essex is expected to grow by somewhere in the region of 6.5% and 14% over the next 20 years⁵⁶.
- Only 21% of working-age adults in Essex have a degree or higher qualification (England 25%) and 17% have no qualifications (England 14%). In Maldon, nearly a third of residents have no qualifications⁵⁷.



As a county, Essex is relatively affluent with no large concentrations of disadvantage. However, there are pockets of severe deprivation in many districts / boroughs.

- Coastal Jaywick in Tendring falls within the 1% most deprived areas in England⁵⁸.
- Basildon, Southend, Tendring and Thurrock all have areas within the 10% most deprived in England⁵⁸.

Improve transport

The road and rail networks in Essex take well over half a million people to and from work every day⁵⁹. Our roads and railways also support two major international gateways (Stansted and Harwich) and the daily school run. Essex already has high levels of car ownership and one of the highest volumes of traffic in the country. And yet, without action, there could be a 31% increase in road traffic and a 30% increase in congestion on the UK road network by 2025⁶⁰. All of this – together with local housing development – presents a real challenge in terms of both congestion and maintenance of our major roads.

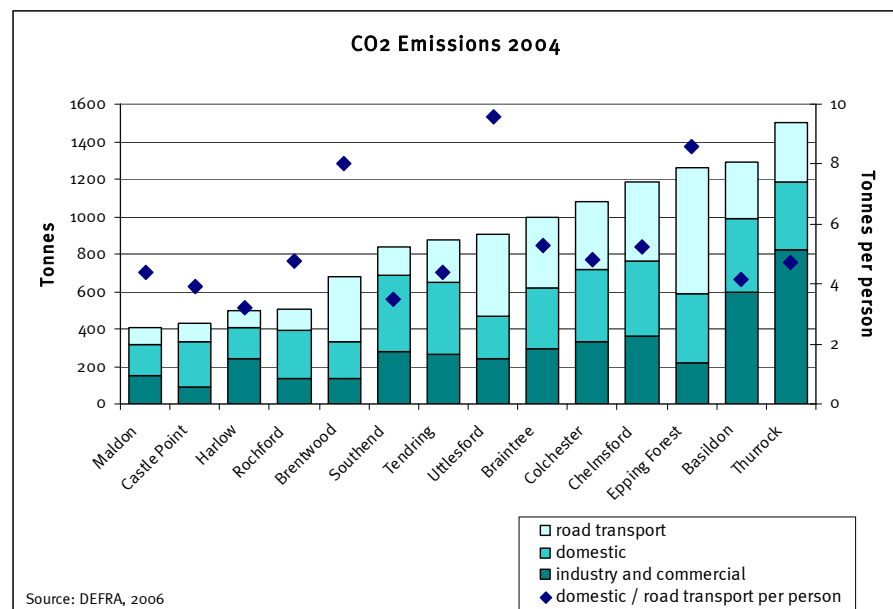
- Essex residents rated road and pavement repairs as the issue most in need of improvement and level of traffic congestion as the third⁶¹.

OUR WORLD

Protect the environment

Although Essex has a relatively low carbon footprint, road transport emissions are high due to the M11 and M25 passing through Uttlesford, Epping Forest and Brentwood. Realising opportunities in environmental technology is seen as key to improving both the local economy and the environment.

- Essex produces 8.5 tonnes of CO₂ per person – almost 1 tonne per person per year less than the UK average⁶².
- Road transport accounts for 35% of all CO₂ emissions in Essex compared to 27% nationally⁶².
- 99% of energy consumed in Essex is unsustainable⁶³.



The Essex countryside and coast is valued highly by residents but is under threat from climate change and rising sea levels. We must reduce the impact that our lifestyles are having on the environment and minimise the environmental impact of housing and business development.

- The majority of residents consider the countryside and coastline as the best thing about living in Essex⁶⁴.
- Essex has an ecological footprint of 5.5 global hectares per person. Although this is only just above the England average, it is 65% higher than our ecological budget (the sustainable amount we can use)⁶⁵.
- If everyone on the planet consumed as much energy and natural resources as we do in Essex, we would need three planets to support life on Earth⁶⁵.

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Local JSNAs are available from the following websites:

- Basildon www.swessexpct.nhs.uk
- Braintree www.midessexpct.nhs.uk
- Brentwood www.swessexpct.nhs.uk
- Castle Point www.see-pct.nhs.uk
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